

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Hayes for Congress

<b>A. Henry Eaton</b> Full Name (Last, First, Middle Initial) Mailing Address General Dynamics 11012 Earls Gate Lane City Rockville State MD Zip Code 20852- Purpose of Disbursement Refund of Contribution Recount Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount Fund 2006		<b>Transaction ID: 70124.E5665</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Murray Kessler</b> Full Name (Last, First, Middle Initial) Mailing Address 196 Baldwin Road City Mount Kisco State NY Zip Code 10549-4817 Purpose of Disbursement Refund of Contribution Recount Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount Fund 2006		<b>Transaction ID: 70124.E5668</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Edward Kratovil</b> Full Name (Last, First, Middle Initial) Mailing Address 2 Dearfield Drive, Apt. 2-D City Greenwich State CT Zip Code 06831-5301 Purpose of Disbursement Refund of Contribution Recount Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount Fund 2006		<b>Transaction ID: 70124.E5670</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....